

## TRAVEL EXPENSE CLAIM

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**Sandra Perez**

DEPARTMENT OF MANAGED HEALTH CARE

M01

6000

(916) 324-6407

114

95814

**(12) NORMAL WORK HOURS**

0800 - 1700

4GNH186

0.550

USE ONLY

PAID BY REVOLVING FUND CHECK #

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE \_\_\_\_\_

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DATE \_\_\_\_\_

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